

**Idaho Management and Accountability System
Intake Form**

Site Name: _____

(*Required Fields)

*Social Security #:

Fed ID # if applicable _____

*Date of Birth: ____/____/____
Mo. Day Year

*First Name: _____

Middle Name: _____

*Last Name: _____

*Primary Address: _____

*City: _____ *State: _____

*County: _____ *Zip: _____

*Ethnicity:

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or other Pacific Islander
☐ White

*Gender: ☐ Female ☐ Male

*Home Phone: (____) _____

*Emergency Contact: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

*Native Language: ☐ English ☐ Non-English

*Date of Enrollment: _____
ABE ESL JET

Are you a parent of a minor child or are you pregnant?
Yes No

Total # in your household? _____

Total monthly **earned** income _____

Total monthly **unearned** income _____

Total monthly income _____

*Last Grade Completed: _____

*Living Area: ☐ Rural ☐ Urban

*Employment: ☐ Full Time ☐ Part Time
☐ Unemployed
☐ Not in Labor Market

STATUS

Please check any that apply:

On Public Assistance ☐ Physical Disability ☐
Learning Disability ☐ Low Income ☐
Displaced Homemaker ☐ Single Parent ☐
Dislocated Worker ☐

Referring Agency:

- ☐ Department of Corrections
☐ Department of Health and Welfare
☐ Idaho Commerce and Labor
☐ Employment and Training Program
☐ Faith-based organization
☐ Community based Literacy Org.
☐ One-Stop/Workforce Center
☐ EWS
☐ Other: _____
☐ None

Intake Person: _____

Intake Hours: _____
(6 hours)

Region

I give permission for the information collected in the Idaho Management and Accountability System (IMAS) to be used in data sharing within the Idaho Department of Commerce and Labor and with the Idaho Department of Education and with the GED Testing Services. I understand that the ABE program will protect my confidentiality and that at no time will this information be given to any other party without my express consent.

Student Signature: _____ **Date:** _____

Outcome Measures

- ☐ Enter Employment ☐ Retain Employment
☐ Obtain GED/HSE ☐ Enter postsecondary education or training

Instructional Goals

- ☐ _____
☐ _____

Secondary Measures:

- ☐ Achieve Citizenship skills
☐ Improve Basic Literacy Skills
☐ Improve English Language Skills
☐ Increase involvement in children's education
☐ Increase involvement in children's literacy related activities
☐ Increase involvement in community affairs
☐ Leave public assistance
☐ Obtain JET certificate
☐ Vote or register to vote for the first time

Recruitment: How did you hear about this program?

- ☐ Friend or family member
☐ Newspaper or magazine
☐ Employer
☐ Radio or TV
☐ Web site
☐ None
☐ Other ____

PRETEST

Test Form: 9 / 10

Level Test Scores Date

TABE Reading:			
TABE Math:			
TABE Language:			
*BEST Oral:			
BEST Literacy:			
BEST Plus:			
CASAS Reading:			
CASAS Listening:			

POSTTEST

Test Form: 9/10

Level Test Scores Date

TABE Reading:			
TABE Math:			
TABE Language:			
TABE Reading:			
TABE Math:			
TABE Language:			
*BEST Oral:			
BEST Literacy:			
BEST Plus:			
*BEST Oral:			
BEST Literacy:			
BEST Plus:			
CASAS Reading:			
CASAS Listening:			
CASAS Reading:			
CASAS Listening:			

Additional Achievements (since enrollment/last update)	Date of Accomplishment
Achieved Citizenship Skills	
Increased Involvement in Children's Education	
Increased Involvement in Children's Literacy-Related Activities	
Increased Involvement in Community Affairs	
Left Public Assistance	
Voted or Registered to Vote for First Time	

Student Name _____

Separation Date _____

Follow-up Outcome Measures	Date of Accomplishment	<i>Documentation</i> (Yes or No)
Entered Employment		
Retained or Improved Employment		
Obtained a GED or High School Diploma		
Entered Postsecondary Education or Training		

Instructional Goals revisited:

Goal	Date	Teacher/Staff Name

Classes (Region can add list of classes below or intake staff/teacher can write classes in) Optional

Class Name	Date enrolled

Notes: